



TEXAS DEPARTMENT OF HEALTH  
AUSTIN TEXAS  
INTER-OFFICE

03-087

**TO:** WIC Regional Directors  
WIC Local Agency Directors

**FROM:** Barbara Keir, Director [original signed]  
Division of Public Health Nutrition and Education  
Bureau of Nutrition Services

**DATE:** August 7, 2003

**SUBJECT:** Worksite Wellness Survey for WIC Agency Directors

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We are conducting an evaluation on offering a worksite wellness program for WIC employees. Attached you will find a Worksite Wellness Survey that we are asking the WIC Directors to complete. It should take about 10 or 15 minutes. Once completed, please fax the survey to **Matt Harrington by Monday, August 25, 2003 at (512) 458-7609.**

If you have questions, please contact Matt Harrington, Clinical Nutrition Specialist, at (512) 458-7111 extension 3576, or [matt.harrington@tdh.state.tx.us](mailto:matt.harrington@tdh.state.tx.us).

Attachment

**Dear WIC Director:**

**We are conducting an evaluation on offering a worksite wellness program for WIC employees. We are collecting data from WIC employees to determine their needs and interest in a worksite wellness program. Please assist us in this effort by taking 10-15 minutes to fill out the attached survey. Feel free to type in your answers and return the survey via e-mail.**

**The purpose of the survey is threefold:**

- 1. to learn more about what type of wellness activities are currently offered to WIC employees;**
- 2. to learn more about the possible barriers to implementing a worksite wellness program; and**
- 3. to gain an understanding of how important WIC Directors perceive worksite wellness to be for WIC staff.**

**Thank you for your input!**

## Worksite Wellness Survey for WIC Agency Directors

Name: \_\_\_\_\_ LA# \_\_\_\_\_ DATE: \_\_\_\_\_

1. How many WIC employees are there in your program?
2. How often and when do you conduct WIC employee training?
3. What type of worksite training format has been most successful with WIC employees?

(check all that apply)

- ☐ Lectures
- ☐ Instructor led activities
- ☐ Games
- ☐ Role plays
- ☐ Videos
- ☐ Other (please describe) \_\_\_\_\_

4. How often and for how long do WIC employees attend staff meetings?

- ☐ Clinic meetings                      Days: \_\_\_\_\_                      Hours: \_\_\_\_\_
- ☐ City/Agency-wide WIC meetings                      Days: \_\_\_\_\_                      Hours: \_\_\_\_\_
- ☐ Other                      Days: \_\_\_\_\_                      Hours: \_\_\_\_\_

5. Is there time for worksite wellness information and activities, targeted to staff, to be integrated into your clinic staff meetings?

**If yes, when?**

**If no, please explain.**

6. Do you currently have any worksite wellness programs for WIC Employees?

If yes, what type of programs? (please check all that apply)

**Nutrition**

- ☐ Classes
- ☐ Weight control
- ☐ 5 A Day
- ☐ Other \_\_\_\_\_

**Physical Activity**

- ☐ Walking
- ☐ Fitness classes
- ☐ Membership discounts
- ☐ Other \_\_\_\_\_

**Other (please name and describe)**

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

7. Does your organization offer any of the following incentives for WIC employees to participate in worksite wellness programs?

**Time Incentives**

- ☐ Flex time schedule
- ☐ Time off for physical activity
- ☐ Extended breaks or lunches
- ☐ Other (please name and describe) \_\_\_\_\_

**Monetary Incentives**

- ☐ Membership discounts
- ☐ Cash bonuses
- ☐ Other (please name and describe) \_\_\_\_\_

**Other** (please name and describe)

☐ Recognition

☐ Awards

☐ Other (please name and describe)\_\_\_\_\_

8. Does your organization have any specific written policies that promote worksite wellness (physical activity/5 A Day) for all employees?

**If yes**, please describe.

**For WIC employees?** **If yes**, please describe.

9. What type of worksite wellness programs have been successful in your WIC Clinic?
10. What barriers are there to providing worksite wellness programs for WIC employees?
11. If you could offer your WIC staff three wellness activities what would they be and when would you offer them?
- |  |                   |
|--|-------------------|
| <input type="checkbox"/> Program:_____ | When offered_____ |
| <input type="checkbox"/> Program:_____ | When offered_____ |
| <input type="checkbox"/> Program:_____ | When offered_____ |
12. What would you have to do or change in your clinic to implement a worksite wellness program for WIC employees?

**Thank you for taking the time to fill out this survey.**

**Please return this survey by August 25, 2003.**